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01 FC:2201 700.00 DA 02 FC:2202 100.00 DA I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 2, 2006

Signature: (Clichard H. Anderson)

Docket No.: 27702/10061

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

n re Patent Application of: Jerome M. Klosowski et al.

Application No.: 10/718,233

Confirmation No.: 9906

Filed: November 19, 2003

Art Unit: 1714

For: ADHESION PROMOTERS FOR SEALANTS

Examiner: S. K. Poulos

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated February 27, 2006, please amend the aboveidentified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 3 of this paper.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

27702/38513

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1)		(Column 2)		۱ ،			OR 1			
TOTAL CLAIMS			88					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
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* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	1040	9R	TOTAL		
5/5/Nb CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							Ł	SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUM PREVIC PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										Un.			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									-	OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE													
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													